1	2	3	+
	WITH U	efully s	in plain
	MLY,	be car	RATH
	E PL.	pluods	OF D
0.1	-WRITE PL. ALY,	mation should be carefully sul	CAUSE OF DEATH in plain t
V. S. No. 1	N. B.	9	1

County	Sin	200	2.4			Registration Dist. No. 5	80
Village or	City S	7. 0	uicos	0/	No.	M. Carpon Lines and St.	
l anoth of	neidanea in aitu a		deeth ccurred	(If	death occurred in a hospital or institution,	, give its NAME instead of street	and number)
	I	or town where	ueeth vccurred	yrsmos	ds. How long in U.S. if of for	reign birth?yrs	mos
2. FULL N	AME C	ner	ald	C, COP	ell		
(a) Resid	ence: No	9	(Usual place	of abode)	St., Ward.	If nonresident give city or town	n and State
PERSO	NAL AND	STATIST	ICAL PART		MEDICAL CER	RTIFICATE OF DEAT	
3. SEX	4. COLOR	R RACE		RRIED, WIDOWED,	21. DATE OF DEATH	2	
Temale	wh	de	0 .	ED (write the word)		Month) (Day)	, 193; (Ye
5a. If merriad, wid	owed, or divorce	đ	1		111111111111111111111111111111111111111		``
(or) WIFE of					A THE RESERVE AND ADDRESS OF THE PARTY OF TH	CERTIFY, That I etter	
6. DATE OF BIRT	I (month day as	ad waars	ylont	19,1893	I fast saw h alive on	, to	
	ears are	Months	Days	If LESS than	to have occurred on the date stetad eb		; death
	42	1	2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH a		
Trede, pro	fession, or partic	uler	0	i or	were as follows:	4010	Oate
SAWY	work done, as R, BOOKKEEPER		chore i	Teacher	eva. D	Descent	
kind of SAWY SAWY Industry of Work SAWY 101 Oeta dece	r business in wh ves dona, as SILH IILL, BANK, etc	MILL,			State 11 Kity	The Ly	
SAW N	IILL, BANK, etc esed last worked		11 Total	tima (years)	Deracey loss	_ 03 05 770;	
o this od year)	cupetion (month		sp	ent in this			
		1 m	- 1	010	Other Contributory Causes of importan	nce:	
12. BIRTHPLACE		2.1.9	n	al T			
IS. NAME	ichone	2 FR	made	atrice			
13. NAME	CE (city or town)	Sha	-ma		Neme of operation	Dota	of
(State	or country)			Imil	Whet test confirmed diagnosis?		
15. MAIDEN	IAMBS	KI	Die	- we	23. If deeth wes dua to externel ceuses		
15. MAIDEN I	CE (city or town)	90	1 Ace	u,	Accident, suicide, or homicida?		
∑ (Steta	or country)		m	l	Where did injury occur?		
17. INFORMANT _	Lane	; O	are		Specify whether injury occurred in IN	(Specify city or town, county and DUSTRY, in HOME, or in PUBLIC	l State) C PLACE.
(Address)		SAY	Justo	mi			
18. BURIAL, CREM	ATION, OR REM	OVAL	(0)	P13 20	Menner of injury		
Place	Thurs	7	Date	1,23,1920	Nature of injury		
19. UNDERTAKER	2145	XIVI	tus	aec.	24. Was diseese or injury in any wey re	elatad to occupation of deceased	!?
(Address)	ò	Jane	sou.	mil.	If so, specify	N. P.	
	2.34., 19.	7 10	» //1/7/10		(Signed)(1) / unc.	

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Ex	ample 1	11	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RECEIV	July 5,1,27	Peritonitis	3 days ago	
	NOV 12, 199				
Other contributory causes	f importance:		Other contributory causes of importance:		
Gallstones	BURTAU V.	May 1 1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

See instructions on back of certificate.

TION is very important.

should state of OCCUPA-

PHYSICIANS

RD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	()		6	ė.	(p-
1	1	0	1	3)

1. PLACE OF DEATH			120	
County of Mary			Registration Dist. No. 28	
Village or City Leonar	11)	No. St. Mary Hosp.	
Village DI City	acoun	(1	f death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where o	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	s. ds.
2. FULL NAME Wigham	Llishen	Baker	steely minutes of two disease tables in	
(a) Residence: No. Chaptu	co /mo	7.	St.,Ward.	
	(Usual place o		If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Apale ablance Manuel			21. DATE OF DEATH OF 10	193 6
5a. If married, widowed, or divorced HUSBAND of	,		(Month) (Day)	(Year)
(or) WIFE of make 18	alier		22. I HEREBY CERTIFY. Thet I attended d	eceased from
7,000	\		Oct 1 ,1935, 10 Oct 10	19 5 5
6. DATE OF BIRTH (month, day, end year)	ec. 29-	1906,	I last saw h 10 alive on Oct 10 1933	death is said
7. AGE Years Months	Days	If LESS then	to have occurred on the date stated above, at 920 12 m.	
28 5	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 8. Trade, profession, or particular		1 01	were as rollows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
9. Industry or business in which			acute interest of will. I.	Cn.
work wes done, es SILK MILL, SAW MILL, BANK, etc.	roning		well a more than wife will	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased lest worked et this occupation (month end year)	II. Total tim	ne (years) in this ation	J	05 S \
12. BIRTHPLACE (city or town) Mary (State or country)	land		Dther Contributory Causes of importance:	
	Bilis			
13. NAME William M.	, sauce	0	Trotally alcahul	
4 14. BIRTHPLACE (city or town)	ylan	X	Neme of operationDate of	
(State or country)			What test confirmed diegnosis? Was there an au	opsy?
I 15. MAIDEN NAME Many T.	120com	,	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Man &. 16. BIRTHPLACE (city or town)	my lan	2	Accident, suicide, or homicide? Date of injury	19
(State or country)	8)	Where did injury occur?	
17. INFORMANT William W. (Address) Of Called	Baker.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	4)		
Place of the season	Date Oct	12 ,19.55	Manner of Injury	
19. UNDERTAKER (CWILL			24. Was disease or injury In any way releted to occupation of deceased?	
(Address) Chopte	co .		If so, specify	4
20. FILED Od 11 , 1935 Lu	4 Sa	chare Registrar.	(Signed) Clauseus C, Wele	M. D.
	(/	Acessie.	(Madiess)	

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Example I	- 1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

PHYSICIANS should state

stated EXACTLY. properly classified. E

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

		- 4			
1	7	9	3	13	
1	A	4	2)	12	
				. /	

1. PLACE OF DEATH County St Mary		/08) Registration Dist. No.	281
Village or City Romandton	(II)	No. death occurred in a hospital or institution, give its NAME instead of 25 ds. How long in U.S. if of foreign birth?	St., Wa
2. FULL NAME Margaret	am Bell		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city o	r town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF D	
Final White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day	75 , 1935 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. QI HEREBY CERTIFY. Ibat Oct 22 185 to Oc	l ettended deceased fi
6. DATE OF BIRTH (month, day, and year) fulls 7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 9. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Imported the stated above.	tance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	hone	John Premonia	10/24/
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Oha Carella - Ca	
12. BIRTHPLACE (city or town) (State or country)	dlown	Other Contributory Causes of Importance:	10/21/
13. NAME Webster W	de Cl		///
(State or country) mg	5n	Name of operation Want test confirmed diagnosis? Wa	1
15. MAIDEN NAME Mary C. S. 16. BIRTHPLACE (city or town)	terling	23. If death was due to external causes (VIOL ENCE) fill in elso the Accident, sulcide, or homicide? Date of inj	
17. INFORMANT & W Be CC	el Ind	Where did injury occur?(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OB, REMOVAL Place At Working Com	of Oct 26, 1935	Manner of injury	
19. UNDERTAKER & Someone	"Ind	24. Was disease or injury in any way related to occupation of de	ceased?
20. FILED Get 25-, 1935-	Pysique ka	(Signed) Great Mills	and N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial, hephritis, A 1655	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-d	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA.

-WRITE PLA

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—					CERTIFICATE	OF DEA	TH 1	1232
	1. PLACE OF DEA				900		41	13
County St. Marys						Registration	Dist. No.	3
	Village or City O	ekrule	mo		No.		St.,	Ward
	Langth of residence in ci	ty or town where d	leath occurred	(I) wsyrsmos	f death occurred in a horpital or institu 	ntion, give its NAMI	instead of street and	number)
	2. FULL NAME 7	nam 21	len Ch	exelden	,	n totolgii antii:	y13	1105,0
	(a) Residence: No.	Palm	ers n	id.				
_	(a) hesidence. No.	7	(Usual place	of abode)	St.,Ward.	If nonresident	give city or town an	nd State
	PERSONAL AN				MEDICAL C	ERTIFICATE	OF DEATH	*
,	sex 4. colo	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	act	2	, 193
5a	. If married, widowad, or divo	rcad	1			(Month)	(Day)	(Yaar)
	(or) WIFE of Jasels	h S. Cl	welden	e	22. I HEREBY			
6	DATE OF BIRTH (month, day	and year MA	cy 25-	1873.	l lest saw h alive on			
	AGE Years	Months	Days	If LESS than	to have occurred on the date state			; daath is sai
	62	4	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:			
N	8. Trada, profession, or pa	8. Trada, profession, or particular kind of work dona, as SPINNER.						Date of onset
OCCUPATION	SAWYER, BOOKKEE 9. Industry or business in	PER, atc			dead on av	ural.	_	
UP/	work was done, as S SAW MILL, BANK, e	SILK MILL,	usue		16.00 - 1000	setter 1	Acces :	
000	10. Data decaasad last worked at this occupation (month and		11. Total t	ima (years) nt In this	Cenzina	7		- Lan
_	year)		OCOL	pation		-67		
12,	BIRTHPLACE (city or town). (State or country)	ma	ylan	el -	Other Contributory Causes of Impo	ortance:		
ER	13. NAME Janus	Thenry	narr	is				
FATHER	14. BIRTHPLACE (city or to (Stata or country)	wn) mik	eylan	l -	Name of operation			
ER	15. MAIDEN NAME MA	us aun	Hero	2	What tast confirmed diagnosis?			
MOTHER	16. BIRTHPLACE (city or to	120000	ylas	el	23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?			
17. INFORMANT Elmer Chereldine - (Address) Wash Def.					Whare did injury occur? Specify whether injury occurred in	(Specify city or 1 INDUSTRY, In HO	town, county and Sta ME, or in PUBLIC PI	ite) LACE,
18. BURIAL, CREMATION, OR REMOVAL Place Gacred Heart Chemiley Data DEF 5 , 1935					Manner of injury			
19.	UNDERTAKER (Address)	Cellela	homed)	24. Was disease or injury in any we	ay ralated to occupa	tion of deceased?	1
20.	20, FILED (1. 3 1935 O. 12 DEMINENT				(Signad) Lay	zuis C	Wild	M. C

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Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RGIN RESERVED FOR BINDING

or-ite

of info	County County	Registration Dist. No. 287
S sho		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
CORD. Every PHYSICIANS oct statement	2. FULL NAME Odaylen 66 (a) Residence: No. Phillymus	St., Ward.
	(Usual place of abode)	If nonresident give city or town end State
E 3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HA	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
AN A C Ssif	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) april ,1917	I last saw h 2 alive on left 3 1935; death is said
IS A PE stated E properly certificate	7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
HIS be be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Luliusland 5
INK—TI should t it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1 m + 0	this occupetion (month and spent in this occupetion occupetion	Other Contributory Causes of importance
DIN So ucti	12. BIRTHPLACE (city or town) AMuy Country) (Stete or country)	1919 tanfilmon
UNFA supplied terms,	13. NAME Garage Talang J	
E E	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
Carefully IH in pla	15. MAIDEN NAME Layer Edwards	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in pimportant.	16. BIRTHPLACE (city or town) Atmany Con (State or country)	Accident, suicide, or homicide? Date of injury, 19
A D G A	17. INFORMANT Lotest (Address) Andrews	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
A - 3	18. BURIAL, CREMATION, JOR REMOVAL Place II. Dete 10/5 195	Manner of injury
Whire mation CAUSI	19. UNDERTAKER DY 6 Meacine	24. Was disease or injury in any wey related to occupation of deceased?
B.	(Address) percaragetin	If so, specify
ż	20. FILED 94 , 19.55 Registrar.	(Signed) M. D

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 10 5 1950	July 5, 1927	Peritonitis	3 days ago
MINRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITH UNFADING INK-THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		83)
County MA	ery/	Registration Dist. No. 282
Village or Cityoun Holl	fwood	No. St., NAME
Length of residence in city or town when		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Clar	lu In Holdston	rough
(a) Residence: No.	Hollow and ST	In Excellent Sed
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
male forhite	5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of (or) WHE at	Animete Russell	P22. I HEREBY CERTIFY, That i attended deceased
6. DATE OF BIRTH (month, day, and year)	at 15 1874	I last saw h. Area allve on Oct 4 4 0 35 death
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
61 0	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	D.	artisial Aclesoris
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ramur	
work was done, as SILK MILL, SAW MILL, BANK, etc.		peneral paresis:
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	meaning, general paralysis of the inserve
year)	occupatio C	Other Cantributery Causes of Importance:
12. BIRTHPLACE (city or town)	mary les ma	
1 1/1	Theldal race	
Ŧ O	2 Hawaring	Name of operation
14. BIRTHPLACE (city or town) (State or country)	morgradoma.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?.
15. MAIDEN NAME Many	Edilomena Larbor	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	-8 /11	Accident, suicide, or homicide?
∑ (State or country)	maryra my	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Elswood his	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	for Mitau	Manner of Injury
Place of fund Class	ul 1076, 4CA 24,1935	Nature of injury
19. UNDERTAKER W. A.	nattingley	24. Wes disease or injury In any way related to occupation of deceesed?
10/24 300 1	Dog of the delice	(Signed) It I welnwell
20. FILED	Registrar.	(Address) Leonaratour

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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1	Example II		
Date of onset	of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	
No.	
vi	
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-	PLACE OF DEATH		(1242)			240
	County St. Marys			Registration	Dist. No.	85
	Village Dr City margana a Length of residence in city or town where death occurred		No. death occurred in a hospital or instit			
2	FULL NAME Pohers Hall)	ds. How long In U.S. if	or roreign birth?	yrs	.mosd
4.	(a) Residence: No. Marganza	mel				
		place of abode)	St,Ward.	If nonresident	give city or town a	nd State
	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SE	OR DIVO	MARRIED, WIDOWED, PRCED (write the word)	21. DATE OF DEATH	(Month)	27 (Day)	, 193 5 (Year)
5a. 11	married, widowed, or divorced HUSBAND of man					
	(or) WIFE of		22. IHEREB	Y CERTIF	Y. That I attended	ed deceased fro
6 D4	ATE OF BIRTH (month, day, and year)	Snaw 1887	I last saw h	act 2	~	ر death is sai
7. AG	tra or bikin (month, day, and year)	If LESS than 1 day,hrs. ormin.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA		<i>⊙</i> m.	, death 15 5a
-	8. Trade, profession, or particular	Ut	were es follows:			Date of ons
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc					
PA	Undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	vailer	Negatie	Cercha	ais	
5			<i>(</i>)			
0	this occupation (month end year)	spent in this occupation				
12. B	IRTHPLACE (city or town) many lan	el.	Dther Centributery Causes of imp	ortance:		
2	(State or country)			***************************************		
FATHER	13. NAME HONT KNOW.		Several a	leriorch	بممي	
K 1	(State or country)		Name of operation		Date of.	
۲,	15. MAIDEN NAME Dant Lua		What test confirmed diagnosis?		Was there as	
= -		V - 3	23. If deeth was due to external ca			
Σ 1	(State or country)		Accident, suicide, or homicide?		Date of injury	, 19
	(101 + SV		Where did injury occur?	(Specify city or	town, county and S	tate)
17. 11	(Address)	X. X	Specify whether injury occurred i	IN INDUSTRY, IN HU	ME, OF IN PUBLIC I	PLACE.
18. B	URIAL, CREMATION, OR REMOVAL	0	Manner of injury			
	Place & Joseph. Date Oc	-29. 1935	Nature of injury			
19. U	NDERTAKER Cloner P. Jon (Addiass) mech.	fae_	24. Was disease or injury in any v		tion of deceased?_	
	(Augusts) 1935 A. 12. Jan	Simain	(Signed) College	reger C	· Will	L M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	rali I	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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P	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
FOR BINDING	S IS A PERMANENT RE	stated EXACTLY.	properly classified. Ex	certificate.
ARGIN KESEKVED FOR BINDING	H UNFADING INK-THE	supplied. AGE should be	in terms, so that it may be	TION is very important. See instructions on back of certificate.
	-WRITE PLANKY, WITH	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

mation should N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	11641		
County St. Mary	Registration Dist. No. 284		
Village or City Leonallown md	No. St. Maun Hosp ist Ward		
Length of residence In city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME (instead of street and number)		
2. FULL NAME Joseph Samuel 9	ds. now long in U.S. it of foreign birth? yrs. mos. ds.		
	Distance		
(a) Residence: No. J Melbaucs W (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Res. 29		
5a. If merriad, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND of General Handy	22. Of HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, dey, and year) NOV 23-1888	I lest saw h aliva on O C 2 8 19 3 5 daeth is seid		
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, a 30 A m.		
52 // 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end raleted causes of Importanca were as follows:		
8 Trade profession or portion for	Date of onset		
SAWYER, BOOKKEEPER, atc.	1		
9. Industry or business in which work was done, as SILK MILL. AS AW MILL, BANK, etc	leute Pulmonous Theelerculose 6 whs.		
10 Date decaasad lest workad et I. Totel time (yaers)	(nuclauf)		
this occupation (month and year) spent in this occupation			
12. BIRTHPLACE (city or town) Wayland (State-or country)	Other Contributory Causes of Importance:		
	Mant:		
I fundas or angua	/ 2. 2		
14. BIRTHPLACE (city or town) They down	Name of operation Date of		
15. MAIDEN NAME MONTHS BLACKS	What tast confirmed diagnosis? Was there an autopsy?		
16. BIRTHPLACE (city or town) Mary Card	23. If daeth wes due to external causes (VIOLENCE) fill in also the following:		
(State or country)	Accidant, suicide, or homlcide? Date of injury, 19 Whare did Injury occur?		
17. INFORMANT Besservetton Handy	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATJON, OR REMOVAL	Manage of interes		
Place It. Design Data Oct 3/ ,1985	Mennar of injuryNature of Injury		
19. UNDERTAKER Elmel a Jackse (Addrass) med m	24. Was disease or injury In eny wey releted to occupation of daceased?		
20. FILED 10/30, 1985 Loving Sattorn Registrar.	(Signad) Alaman M. D. (Address) Chaples M. D.		
If more blanks are needed, address State Registrar.	PALL N. Charles Street Baltimore Requestion 71 S No.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITIONTIL	OF TROP	T. CIT	T. C. LC T TITLITE	DIVITALIA	17.1	LILIGICIAN

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RE properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County St. way	Registration Dist. No. 2 6 5
Village or City Oals	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos
Length of residence in city or town where death occurred 6.3yrs?	_mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Mya Cecfla	July
(a) Residence: No. laly u	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
OR DIVORCED (write the wa	d) / 1 2 4 , 193 5
56 If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
- Mary Hilling	
6. DATE OF BIRTH (month, day, end year) 3 - 18 18 2	liest saw h alive on 2 , 19 1 ; death is sa
7. AGE Years Months Days If LESS t	
6 3 7 / 1 day,	THE EXPICITAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER,	Chrone by Oc wedes 142
SAWYER, BOOKKEEPER, etc.	-(
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Su dall
10. Date deceased lest worked at 11. Totel time (years)	
this occupation (month and period occupation this occupation	0
Olemens	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	The state of
13. NAME ayus E Man de	
14. BIRTHPLACE (city or town) Clerical	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Willie W. Bowler	23. If death was due to external causes (VIOLENCE) fill in also the following:
I	Accident, suicide, or homloide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Caull Selies	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address)	/
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Lacy (Had Date O V 4-, 15	2.1 Nature of injury
19. UNDERTAKER all walch	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charter ve	If so, specify
20 5UFD 10-25- 103 M VI a fine	(Signed)M.
20, FILED / 1-2) , 1933 > V 1 V 1 a V V Regist	ar. (Address)

B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
910	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
15,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
1	15,1927	Other contributory causes of importance:

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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3. 5e See instructions on back of certificate. 7. OCCUPATION MOTHER | FATHER | 17

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. classified. properly AGE should be

B. Every WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLA

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11243
1. PLACE OF DEATH	(183)
Village or City Palace of City	Registration Dist. No. 286
(11	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John aley June 2.	ds. How long in U.S. If of foreign birth?
(a) Residence: No. Partitude (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 2 - 18 - 1934 7. AGE Years Months Days If LESS then	I lest sew h alive on 10 1, 19.3. death is said to heve occurred on the dete steted above, at 1 1 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	accidental Dis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed lest worked et	a boot was not involved ewison 35
10. Oate decesed lest worked et this occupetion (month end yeer) 11. Total time (years) spant in this occupetion	This child strayed from house, and lody
12. BIRTHPLACE (city or town) Palmin (Stete or country)	Other Contributory Causes of Importence:
13. NAME / Sul Land	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Deta of What test confirmed diagnosis? Wes there an aulopsy?
15. MAIOEN NAME & alily Savita Jong	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury
17. INFORMANT & alet Privita form	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. In Amblic place—the riveria
18. BURIAL, CREMATION, OR REMOVAL Place access / Le ast	Menner of injury . Assidental drawning. Nature of injury
19 HINDERTAKER James Culling //1 3	24. Was disease or injury In eny wey related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address) CVC

V. S. No. 1

ż

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

DING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	HIS IS A PERM	be stated EX	be properly class	of certificate.
IN RESERVE	ADING INK-TI	d. AGE should	s, so that it may	ructions on back
ARC	Y, WITH UNF.	carefully supplie	'H in plain terms	ortant. See inst
0.1	-WRITE PLAINL	mation should be	CAUSE OF DEAT	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.		1	7

1. PLACE OF

CERTIFICATE OF DEATH
Registration Dist. No. 2 & C
No. St., Waldeath occurred in a horpital or institution, give its NAME instead of street and number)
How long In U.S. if of foreign birth? yrs. mos. d
St., Ward / If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH O S (Month) (Day) (Year)

County St. Clary	Registration Dist. No.
Village or City Bushing	No. Cud St. Ward
(III	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of resideoce in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
Tues a 111011	Jaca
2. FULL NAME Lulla Manu	-2007
(a) Residence: No. 13 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	St.,Ward/
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193
5a, Af married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WiFE of	19to
W 202 1991	i last saw h. 2 aliva on 9 3 6 , 1931 , death is said
6. DATE OF BIRTH (month, day, and year)	1 ~ -
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	allee ans
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	July alle
(State or country)	laist
13, NAME William Merdle Jaca	
13. NAME William fluids Lacy 14. BIRTHPLACE (city or town) Burthy (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMERICAN Sesse / Mol	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Man Stree Moth	Accident, suicide, or homicide? Date of injury 19
S (Stata or country)	Where did injury occur?
22 7 6 1 1 7 2 2	(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bulling with	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1 5	Nature of injury
" Walter malt	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER Address	
(Address) Lane	If so, specify
20. FILED 10-3- 1935-N V. Calum	(Signed) WWY ALL M.D.
	Marine Marine and a second second

Registrar.

(Address) are und,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	NOV 6 1905	July 5,1927	Peritonitis	3 days ago	
1	MUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

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See instructions

is very important.

16. BIRTHPLACE (city or town) (State or country

(Addrass) 18. BURIAL, CREMATION, OR

(Addrass)

10

19. UNDERTAKER

OCCUPA-

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Exact statement

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Dit-E)
County of March	Registration Dist. No. 28 2
Village or City Lemes diown	NoSt.,Ward
(11	f death occurred in a horpital or institution, give its NAME instead of street and number) 3ds. How long in U.S. if of foreign birth?yrsmosds.
5 11.0-	in the state of th
2. FULL NAME Gade Musty	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STRGES, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Fully State	22. HEREBY CERTIFY, That Jattended dacaased from 1936, to 95 1935
6. DATE OF BIRTH (month, day, and yeer) Nov. 2, 1894	I last sw h Lag aliva on Col 5 4 , 1935 ; daath is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated abova, at
40 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Ofstruction of bowel thron abil 35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) snant In this	Note dise to concern Due to adhesions for loving.
10. Date decessed lest worked et this occupation (month and fully 35 11. Total time (yeers) spant in this year)	Office, 1935. Owesty
12. BIRTHPLACE (city or town) there is a second of the sec	Other Centributors Causes of Importance: 10.450 Will Service 10.450
13. NAME George Suntrad	7
13. NAME 14. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Name of operation. Hermin formy Data of Charles 35 Whet tast confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME Emily Short	23. If death wes dua to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcida, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Whara did injury occur?___

Menner of Injury

If so, spacify

(Signad).

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 10V 5 1833	July 5,1927	Peritonitis	3 days ago	
ELIPEAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN	J
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ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEI	mation should be carefully supplied. AGE should be stated EXACT
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V. S. No. 1 N. B. be properly classified. of certificate.

See instructions on back

GAUSE OF DEATH in plain terms, so that it may

THON is very important.

ECAD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

STATE OF WARTLAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH	23)
County St Many	Registration Dist. No. 251
Village or City It migres	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
~	How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Mary & Sanders	
(a) Residence: No. (Usual place of abode)	St., Ward. If uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (29 , 193.5 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Liast I attended decessed from
(or) WIFE of	Manch 1955 to Oct 29 1935
6. DATE OF BIRTH (month, dev. and yeer) Aug. 9 1913	i last sew har alive on Qet 22,19 75; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, etm.
22 lenknown or nin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Onlinonary Interculosis Jan 185
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked this occupation (months and spent in this spent in this	J
10. Dete decesed last worked this occupetion (month and year) 11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) St Augus	Other Contributory Causes of importence:
(State or country)	nn
I 13. NAME Morres Candles	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of
	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME BALL Shulves ke	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
· R 10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address) It has are had	Specify whether injury occurred in the oditit, in nome, of introduction
18. BURIAL, CREMATION, OR REMOVAL Prince Oct 20193	Manner of injury
19. UNDERTAKER Address)	24. Wes diseese or injury in any way related to occupation of deceased?
20. FILE Oct 29, 1935 Pysem Ind. Registrar.	(Signed) M. D. (Address) And M. D.
A COMESTIAN	

STATE OF MADVI AND CEPTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

10.—The month and year the deceased last worked at the occupation.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Figure 1 to the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes pate of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	NOV 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	KUREAU V.	July 5,1927	Peritonitis	3 days ago	
(U					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الــــــا		I	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PHYSICIANS should state RD. Every item of infor-

stated EXACTLY.

DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

CAUSE LION 19

V. S. No. 1 N. B. important. See instructions on back of certificate.

Exact statement of OCCUPA.

OCCUPATION

MOTHER FATHER

STATE OF MARYLAND-	CERTIFICATE OF DEATH	1247
1. PLACE OF DEATH	900	
county Sty Maryo	92-0 Registration Dist. No. 28-	/
Village or City (alitoma	NoSt.,	Ward
Length of rasidence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Stephen Gregory	- Watto	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or lown and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	1923
Sa. If married, widowed, or divorced	(month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended of	Jacaasad from
10 00 10/0	1955, to 02 6	, 19_3.5.
6. DATE OF BIRTH (month, day, end year)	I last saw harman alive on 1935	; deeth Is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date statad abova, at	
22 10 29 1 uay,mis.	were es follows:	Dats of onest
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.		77:7:7:
SAWYER, BOUKKEEPER, etc.	Marienten la Carre	441158
work wes done, as SILK MILL, State Oracles SAW MILL, BANK, etc.	<i>D</i>	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL. 1D. Date dacaased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation		
12. BIRTHPLACE (city or town) California	Other Contributory Causes of Importance:	
(State or country)	•	
13. NAME tephen yetts 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of oparation Data of	
(State of Country)	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:	
	Accidant, suicide, or homicide? Date of Injury	, 19
∑ (Stete or country)	Where did injury occur?	
17. INFORMANT (Address)	(Specify city or town, county and State Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place of Micholas Cene Dates Jet 171935	Nature of injury	
19. UNDERTAKER ISM & Mattingly (Addrass)	24. Was disaase or injury in any way ralatad to occupetion of decaased?	La
20. FILED Let 16, 1935 PYBern ked	If so, spacify(Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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2.00	imple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAN 4 1025	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
) -				
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state

1. PLACE OF DEATH

County_

S. No. 1

WRITE

OF

.02 CAUSE mation

TION

17 INFORMANT

19. UNDERTAKER

18. BURIAL, CREMATION,

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Registration Dist. No.

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupetion of deceased?

Where did Injury occur?__

Manner of injury

Nature of injury

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.



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Example I VED	T	Example II	
The principal cause of death and related causes of importance were as follows: V 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritistic services	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN